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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: A. Smith
Serial No.: 10/623,364
Customer No.: 33123
Filed: July 18, 2003
For: IN-SITU INTERFEROMETER
ARRANGEMENT
Art Unit: 2872
Examiner: P. Kim

CERTIFICATE OF MAILING

I hereby certify that this correspondence and the attached papers are being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated below and are addressed to:

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

1/26/05
Date:

Michael M. Deady
Signature

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

- Transmitted herewith for filing in the above-identified patent application is a Response to Office Action and Request for Reconsideration. Also enclosed are:
☒ Return Postcard
☐ Item a
☐ Item b
- Fee Calculation
☐ No additional claim fee is required.
☒ Amendment increases number of claims

ADDITIONAL CLAIM FEE CALCULATION

	Claims After Amendment Less Number Previously Paid For =	Number Extra*	Rate =	Fee
Total Claims	16 - 17 =	0	x \$ 50/25 =	\$0.00
Independent Claims	6 - 3 =	3	x \$200/100 =	\$600.00

* If less than zero, enter "0".

Additional Claim Fee..... \$600.00

- ☐ As a small entity applicant is entitled to a 50% reduction in fees
- ☐ Applicant hereby petitions for an Extension of Time of ____ month, pursuant to Rule 1.136(a). Fee required \$..... \$0.00
- ☐ Other fees due: Specify: \$0.00
Total Fees Due \$600.00
- Payment of Fees
☒ A check in the amount of \$600.00 is enclosed.
☐ Charge Deposit Account No. 50-1213 in the amount of \$. A duplicate of this sheet is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR § 1.16 or § 1.17 to Account No. 50-1213, referencing Docket No. 38203-6215. A duplicate of this sheet is attached.

By: David A. Hall
David A. Hall
Reg. No. 32,233

